

Legislative History of P.L. 107-135

H.R. 2792 was passed by the US House of Representatives October 23, 2001 and referred to the US Senate on October 24, 2001. Title II of this bill was titled “Chiropractic Services”.

The Senate did not act on this bill. Instead, the Senate and the House of Representatives reached a compromise agreement on certain provisions of a number of bills considered by the House and Senate during the 107th Congress. The compromise bill, H.R. 3447, was passed by the House of Representatives on December 11, 2001 and by the Senate on December 20, 2001. The bill was signed by the President on January 23, 2002 and became Public Law 107-135, Department of Veterans Affairs Health Care Program Enhancement Act of 2001. Section 204 of P.L. 107-135 is titled “Program for Provision of Chiropractic Care and Services to Veterans”.

Below is a comparison of the chiropractic provisions of H.R. 2792 and P.L. 107-135. Following that is the pertinent section of the Joint Explanatory Statement for H.R. 3447 as prepared by the House and Senate Committees on Veterans’ Affairs.

Comparison of H.R. 2792 and P.L. 107-135

| HR 2792 – passed by House 10/23/2001 and referred to Senate 10/24/2001 | P. L. 107-135 – enacted 1/23/2002 |
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| 1. Establish a Director of Chiropractic Services position | 1. Not included |
| 2. Provide chiropractic services through all medical centers – 30 medical centers by the end of FY2002, add 30 each year with all medical centers included by end of FY2006; reflect geographic diversity and include facilities of various sizes and capabilities and the range of services in VA health care system | 2. Program shall be carried out at sites designated by the Secretary – at least one site in each geographic service area; sites shall be medical centers and clinics located in urban and rural areas. |
| 3. Services provided by personal services contracts and appointments | 3. Same |
| 4 Chiropractic services include, at a minimum, care for neuro- musculoskeletal conditions | 4. Program shall include a variety of chiropractic care and services for neuro- musculoskeletal conditions, including subluxation complex |
| 5. Enrolled veterans may choose chiropractor as veteran’s primary care provider | 5. Not included |
| 6. Training and materials for primary care providers for purpose of familiarizing those providers with the benefits of appropriate use of chiropractic services | 6. Same. |

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| <p>7. Advisory committee</p> <p><u>Membership:</u></p> <ul style="list-style-type: none"> • members of chiropractic professions • experts in human resource appointments in the Federal service • expertise in academic matters • knowledge of credentialing and the granting of professional privileging • others as determined necessary by the Secretary and the functional needs of the advisory committee in establishing the chiropractic health program. <p><u>Advisory Committee Functions:</u></p> <ul style="list-style-type: none"> • review implementation • provide advice on: <ul style="list-style-type: none"> o granting of professional privileges for chiropractors at Department medical centers, o scope of practice of chiropractors at Department medical centers o training materials, o such other matters as determined appropriate by the Secretary | <p>7. Advisory Committee</p> <p><u>Membership:</u></p> <ul style="list-style-type: none"> - members of the chiropractic care profession - other such members as the Secretary considers appropriate <p><u>Advisory Committee Functions:</u></p> <ul style="list-style-type: none"> • provide direct assistance and advise to Secretary in the development and implementation of the chiropractic health program • assist and advise on: <ul style="list-style-type: none"> o protocols governing referrals to chiropractors o protocols governing direct access to chiropractic care o protocols governing scope of practice for chiropractors o definitions of services to be provided o other matters as the Secretary determines to be appropriate • Advisory Committee shall cease to exist 12/31/04. |
| <p>8. Implementation Report to Congress 18 months after enactment</p> | <p>8. Not included</p> |

**JOINT EXPLANATORY STATEMENT FOR H.R. 3447,
DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS
ENHANCEMENT ACT OF 2001**

The “Department of Veterans Affairs Health Care Programs Enhancement Act of 2001” reflects a compromise agreement that the Senate and House of Representatives Committees on Veterans’ Affairs reached on certain provisions of a number of bills considered by the House and Senate during the 107th Congress, including: H.R. 2792, a bill to make service dogs available to disabled veterans and to make various other improvements in health care benefits provided by

the Department of Veterans Affairs, and for other purposes, by the House Committee on Veterans' Affairs on October 16, 2001, and passed by the House on October 23, 2001 [hereinafter, "House Bill"]; S. 1188, a bill to enhance the authority of the Secretary of Veterans' Affairs to recruit and retain qualified nurses for the Veterans Health Administration, and for other purposes, ordered reported by the Senate Committee on Veterans' Affairs on October 10, 2001, as proposed to be amended by a manager's amendment [hereinafter, "Senate Bill"]; S. 1576, a bill to amend section 1710 of title 38, United States Code, to extend the eligibility for health care of veterans who served in Southwest Asia during the Persian Gulf War; and, S. 1598, a bill to amend section 1706 of title 38, United States Code, to enhance the management of the provision by the Department of Veterans Affairs of specialized treatment and rehabilitation for disabled veterans, and for other purposes, introduced on October 21, 2001.

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the compromise bill, H.R. 3447 (hereinafter referred to as the "Compromise Agreement"). Differences between the provisions contained in the Compromise Agreement and the related provisions in the bills listed above are noted in this document, except for clerical corrections and conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

PROGRAM FOR THE PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS

Current Law

Public Law 106-117 requires the VA to establish a Veterans Health Administration-wide policy regarding chiropractic care. Veterans Health Administration Directive 2000-014, dated May 5, 2000, established such a policy.

House Bill:

Title II would establish a national VA chiropractic services program, implemented over a 5-year period; authorize VA to employ chiropractors as federal employees and obtain chiropractic services through contracts; establish an advisory committee on chiropractic care; authorize chiropractors to function as VA primary care providers; authorize the appointment of a director of chiropractic service reporting to the Secretary with the same authority as other service directors in the VA health care system; and provide for training and materials relating to chiropractic services to Department health care providers.

Senate Bill:

Section 204 of the Senate Bill would establish a VA chiropractic services program in VA health care facilities and clinics in not less than 25 states. The chiropractic care and services would be for neuro-musculoskeletal conditions, including subluxation complex. The VA would carry out the program through personal service contracts and appointments of licensed

chiropractors. Training and materials would be provided to VA health care providers for the purpose of familiarizing them with the benefits of chiropractic care and services.

Compromise Agreement:

Section 204 would follow the Senate bill but would replace its reference to 25 states with a reference to VA's 22 Veterans Integrated Service Networks (referred to as "geographic service areas" in the section). Also, the agreement would include an advisory committee to assist the Secretary of Veterans Affairs in implementation of the chiropractic program. Under the agreement, the advisory committee would expire 3 years from enactment.